

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011233

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dreene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Bolivar</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) <u>Dr. - Pateant Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>210 East Forrest</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>VAN</u> Middle <u>A.</u> Last <u>HIGGINBOTHAM</u>		4. DATE OF DEATH Month <u>4</u> Day <u>5</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-20-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Well Driller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	9. AGE (last birthday) <u>68</u>
11a. FATHER'S NAME <u>Harden Higginbotham</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah Whitney</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Harden Higginbotham</u>		14. NAME OF HUSBAND OR WIFE <u>Judy Higginbotham</u>	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) <u>No</u>		17. INFORMANT <u>47 Judy Higginbotham</u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock - Possible Septicemia</u> DUE TO (b) <u>Aspiration Pneumonitis</u> DUE TO (c) <u>Pyloric stenosis due to peptic ulcer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>24 hours</u> <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:40 a.</u> Month, Day, Year <u>Mar 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Springfield</u>	
21. I attended the deceased from <u>Mar 1962</u> to <u>Apr 5, 1963</u> and last saw him alive on <u>April 5, 1963</u>		22. ADDRESS <u>600 S. Glenstone Springfield</u>	
22a. SIGNATURE <u>Daniel E. Holmes M.D.</u>		22c. DATE SIGNED <u>Apr 10, 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-8-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	
24. FUNERAL DIRECTOR <u>Sidney J. Pitts</u>		25. DATE REC'D. BY LOCAL REG. <u>4-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>Effie E. Meek</u>		27. ADDRESS <u>Bolivar, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Daniel E. Holmes
USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 4 1964

Permit 4-5-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student: _____

Signature of Student Embalmer

Signed Larry R. Tillery

Licensed Embalmer No. 5166

P. O. Address Bolivar Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.